FORM PTO-1390 (REV. 10-2003) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE ATTORNEY 'S DOCKET NUMBER 2844 TRANSMITTAL LETTER TO THE UNITED STATES U.S. APPLICATION NO. (If known, see 37 CFR 1.5 DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE CLAIMED 20 June 2002 PCT/US03/11691 16 April 2003 TITLE OF INVENTION METHOD AND APPARATUS FOR ANATOMOSIS INCLUDING AN ANCHORING SLEEVE APPLICANT(S) FOR DO/EO/US Scott Manzo Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: 1. This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. The US has been elected (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)) is attached hereto (required only if not communicated by the International Bureau). has been communicated by the International Bureau. is not required, as the application was filed in the United States Receiving Office (RO/US). 6. An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). is attached hereto. has been previously submitted under 35 U.S.C. 154(d)(4). 7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) are attached hereto (required only if not communicated by the International Bureau). have been communicated by the International Bureau. have not been made; however, the time limit for making such amendments has NOT expired. have not been made and will not be made. 8. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: 11. An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. A preliminary amendment. 14. An Application Data Sheet under 37 CFR 1.76. 15. A substitute specification. 16. A power of attorney and/or change of address letter. 17. 🗀 A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 18. A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. 🔲 A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. 🗹 Other items or information: Recordation Cover Sheet; Certificate of Express Mailing

U.S. APPLICATION SO. (inter	5177		TERNATIONAL APPLICATION NO. CT/US03/11691		ATTORNEYS	DOCKET NUMBER
21. The follow	ing fees are	submitted:		<del></del>		NS PTO USE ONLY
BASIC NATIONAL						
Neither internation	nal prelimina	ırv examinati	on fee (37 CFR 1.482) a)(2)) paid to USPTO d by the EPO or JPO	\$1080.00		
International prelin USPTO but Interna	ninary exam ational Searc	ination fee (3 ch Report pre	7 CFR 1.482) not paid to pared by the EPO or JPO	\$920.00		
International prelin but international se	ninary exam earch fee (37	ination fee (3 CFR 1.445(a	7 CFR 1.482) not paid to a)(2)) paid to USPTO	USPTO <b>\$770.00</b>		
International prelin but all claims did n	ninary exam not satisfy pr	ination fee (3 ovisions of P	7 CFR 1.482) paid to US CT Article 33(1)-(4)	PTO \$730.00		
International prelin	ninary exam	ination fee (3	7 CFR 1.482) paid to US	PTO \$100.00		
			BASIC FEE AMO		\$ 1,080.00	
Surcharge of \$130.0 from the earliest claim	0 for furnish imed priority	ning the oath y date (37 CF	or declaration later than 3 R 1.492(e)).	0 months	\$	
CLAIMS	NUMBER	RFILED	NUMBER EXTRA	RATE	\$	
Total claims	17	- 20 =	0	x \$18.00	\$ 0.00	
Independent claims	2	-3 =	0	x \$86.00	\$ 0.00	
MULTIPLE DEPEN	DENT CLA	IM(S) (if app	olicable)	+ \$290.00	\$	
			F ABOVE CALCU		\$ 0.00	
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.					\$	
			St	JBTOTAL =	\$ 1,080.00	
Processing fee of \$1 from the earliest claim	30.00 for fur imed priority	mishing the I y date (37 CF	English translation later th R 1.492(f)).	nan 30 months	\$	
			TOTAL NATIO	NAL FEE =	\$ 1,080.00	
Fee for recording the accompanied by an	e enclosed as appropriate	ssignment (3° cover sheet (3	7 CFR 1.21(h)). The assi 37 CFR 3.28, 3.31). <b>\$40.</b>	gnment must be 00 per property +	\$ 40.00	
			TOTAL FEES E	NCLOSED =	\$ 1,120.00	
					Amount to be refunded:	\$
					charged:	\$ 1,120.00
			to cover th			-
b. Please charge my Deposit Account No. 21-0550 in the amount of \$ 1,120.00 to cover the above fees.  A duplicate copy of this sheet is enclosed.						
c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 21-0550 . A duplicate copy of this sheet is enclosed.						
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.						
SEND ALL CORRESPO	ONDENCE TO	<b>)</b> :			XXI	2
Kimberly V. Pern	v			SIGNATU		1
Patent Counsel	,			Kimber	ly V. Perry	
U.S. Surgical, a				NAME		
TYCO HEALTHO		UP LP		43,612	2	
Norwalk, CT 068				REGISTR	ATION NUMBER	



## 10/517404 DT05 Rec'd PCT/PTO 0 7 DEC 2004

PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032

	7 pp10104 101 400 2 4.1.4 (1244) 61(D 000 1-0002
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FEE TRANSMITTA	Complete if Known								
FEE INAMSMITTA	Application Number To Be Assigned								
for FY 2004	Filing Date Concurrently Herewith	<u>.</u>							
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor Scott Manzo								
	Examiner Name Unknown								
Applicant claims small entity status. See 37 CFR 1.27	Art Unit Unknown								
TOTAL AMOUNT OF PAYMENT (\$) 1,120.00	Attorney Docket No. 2844								
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Money Other None	3. ADDITIONAL FEES								
Deposit Account:	rge Entity   Small Entity ee Fee Fee Fee Fee Fee Fee Fee Fee Fee								
Deposit Account 21-0550	ee Fee Fee Fee Fee Description ode (\$)	Fee Paid							
Number	051 130 2051 65 Surcharge - late filing fee or oath								
Deposit Account U.S. Surgical	052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	·							
Name The Director is authorized to: (check all that apply)	053 130 1053 130 Non-English specification	<u> </u>							
Charge fee(s) indicated below Credit any overpayments	812 2,520 1812 2,520 For filing a request for ex parte reexami	ination							
Charge any additional fee(s) or any underpayment of fee(s)	804 920* 1804 920* Requesting publication of SIR prior to Examiner action								
Charge fee(s) indicated below, except for the filing fee	805 1,840° 1805 1,840° Requesting publication of SIR after Examiner action								
to the above-identified deposit account.	251 110 2251 55 Extension for reply within first month								
FEE CALCULATION	252 420 2252 210 Extension for reply within second mont	th							
1. BASIC FILING FEE Large Entity Small Entity	253 950 2253 475 Extension for reply within third month								
Fee Fee Fee Fee Description Fee Paid Code (\$)	254 1,480 2254 740 Extension for reply within fourth month								
1001 770 2001 295 Utility filing for	255 2,010 2255 1,005 Extension for reply within fifth month								
1002 340 2002 170 Design filing fee 1080.00	401 330 2401 165 Notice of Appeal								
1003 530 2003 265 Plant filing fee	402 330 2402 165 Filing a brief in support of an appeal								
1004 770 2004 385 Reissue filing fee	403 290 2403 145 Request for oral hearing								
1005 160 2005 80 Provisional filing fee	451 1,510 1451 1,510 Petition to institute a public use procee	ding							
SUBTOTAL (1) (\$) 1,080.00	452 110 2452 55 Petition to revive - unavoidable								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	453 1,330 2453 665 Petition to revive - unintentional								
Fee from Extra Claims below Fee Paid	501 1,330   2501   665 Utility issue fee (or reissue) 502   480   2502   240 Design issue fee								
Total Claims 17 -20** = 0 x 18.00 = 0.00	503 640 2503 320 Plant issue fee								
Independent 2 - 3** = 0 x 86.00 = 0.00	460 130 1460 130 Petitions to the Commissioner								
Multiple Dependent 290.00 =	807 50 1807 50 Processing fee under 37 CFR 1.17(q)								
Large Entity   Small Entity	806 180 1806 180 Submission of Information Disclosure S	Stmt							
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	021 40 8021 40 Recording each patent assignment per	40.00							
1202 18 2202 9 Claims in excess of 20	property (times number of properties) 309 770 2809 385 Filing a submission after final rejection	<del>                                   </del>							
1201 86 2201 43 Independent claims in excess of 3	(37 ČFR 1.129(a))								
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))								
1204 86 2204 43 ** Reissue independent daims over original patent	801 770 2801 385 Request for Continued Examination (F	RCE)							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	802 900 1802 900 Request for expedited examination of a design application								
<u> </u>	ther fee (specify)								
SUBTOTAL (2) ((\$) U.UU  **or number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	40.00							
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SUBMITTED BY		(Complete (if applicable))	(Complete (if applicable))		
Name (Print/Type)	Kimberly V. Perry	Registration No. (Attorney/Agent) 43,612	Telephone 203-845-4	hone 203-845-4562	
Signature		Sell/D-	Date 12/2(	) <del>/</del>	

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail label Number EJ 843409465 US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, PA 22313-1450.

Dated:

12/7/04

nusa Vanessa M. Rosado

## DT05 Rec'd PCT/PTO 0 7 DEC 2004

Docket: 2844

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Scott Manzo

Examiner:

To Be Assigned

Group Art Unit: To Be Assigned

Serial No:

To Be Assigned

Filed: Concurrently Herewith

For:

METHOD AND APPARTUS FOR ANASTOMOSIS

**INCLUDING AN ANCHORING SLEEVE** 

## **CERTIFICATE OF EXPRESS MAILING**

"Express Mail" Mailing Label No.: EJ 853409465 US Date of Deposit: レビュフ, ユンサ

I hereby certify that the following:

[x] This Certificate of Express Mailing

[x] Transmittal Letter to the U.S. Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 USC 371

[x] Fee Transmittal

[x] Executed Patent Assignment for Recording

[x] Recordation Cover Sheet

[x] A patent application consisting of <u>20</u> pages of abstract, specification and claims

[x]  $\frac{7}{2}$  sheets of [x] formal [] informal drawings

[x] Executed Declaration and Power of Attorney

[x] Preliminary Amendment

[x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.

/anessa M. Rosado

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172